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APPLICANTS
 Jakob Skarin, Stockholm, SWEDEN; /S.R./

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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** **** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SWEDEN	3	3	1
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ADDRESS
 YOUNG & THOMPSON
 209 Madison Street
 Suite 500
 ALEXANDRIA, VA 22314
 UNITED STATES

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